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Bib Data Sheet

CONFIRMATION NO. 9595

SERIAL NUMBER 10/646,084	FILING OR 371(c) DATE 08/22/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 020.0343.US.CON
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APPLICANTS

Gust H. Bardy, Seattle, WA;

**** CONTINUING DATA *******

This application is a CON of 10/251,473 09/20/2002
 which is a CON of 09/860,979 05/18/2001 PAT 6,478,737
 which is a CON of 09/686,712 10/10/2000 PAT 6,331,160 *
 which is a CON of 09/361,777 07/26/1999 PAT 6,203,495
 which is a CIP of 09/324,894 06/03/1999 PAT 6,312,378
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 11/17/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 21	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

22895

TITLE

SYSTEM AND METHOD FOR PROVIDING FEEDBACK TO AN INDIVIDUAL PATIENT FOR AUTOMATED REMOTE PATIENT CARE

FILING FEE RECEIVED 1104	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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